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**\*BIBDATASHEET\***

Bib Data Sheet

CONFIRMATION NO. 8864

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/698,992 | <b>FILING OR 371(c)<br/>DATE</b><br>10/31/2003<br><b>RULE</b> | <b>CLASS</b><br>174 | <b>GROUP ART UNIT</b><br>2831 | <b>ATTORNEY<br/>DOCKET NO.</b><br>1945.155USC1 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

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AN

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/153,361 05/21/2002 PAT 6,649,829  
 which claims benefit of 60/292,477 05/21/2001

AAI

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

NONE

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 01/31/2004**

|   |                           |                         |                       |                            |
|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>MN | SHEETS<br>DRAWING<br>10 | TOTAL<br>CLAIMS<br>17 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                           |                         |                       |                            |
| Verified and<br>Acknowledged  | Examiner's Signature      | Initials                |                       |                            |

**ADDRESS**

Merchant & Gould P.C.  
 P.O. Box 2903  
 Minneapolis, MN 55402-0903

**TITLE**

Connector apparatus and method for connecting the same for controlling fluid dispensing

|                                       |   |  |
|---------------------------------------|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>900 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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